

The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
239 Causeway Street, 5<sup>th</sup> Floor  
Boston MA 02114

Board of Registration of Allied Mental Health  
and Human Services Professions  
(617)727-3080

Please attach recent passport type

**BOARD USE ONLY**

Board: \_\_\_\_\_

License#: \_\_\_\_\_

Type: \_\_\_\_\_

Cash#: \_\_\_\_\_

Cash Date: \_\_\_\_\_

2" X 2"

head and shoulder photograph

**EDUCATIONAL PSYCHOLOGIST  
LICENSURE APPLICATION  
NON-REFUNDABLE APPLICATION FEE: \$102**

1. Name: \_\_\_\_\_  
Last First Middle Maiden

2. Mailing Address: \_\_\_\_\_  
No. Street Apt. No.

\_\_\_\_\_  
City/Town State Zip Code

3. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

4. Telephone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

5. Graduate School Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ # of Credits: \_\_\_\_\_

Major: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_

**NOTE: Official, sealed graduate level transcripts must be included with application, along with verification of Practicum from Academic Program Director.**

## 6. DISCIPLINARY HISTORY:

If you answer "YES" to any of the following questions (A - F), please attach a complete explanation.

A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? YES \_\_\_\_ NO \_\_\_\_

B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? YES \_\_\_\_ NO \_\_\_\_

C. Have you ever voluntarily surrendered or resigned a professional license to a licensing /certification board in the United States or any country or foreign jurisdiction? YES \_\_\_\_ NO \_\_\_\_

D. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? YES \_\_\_\_ NO \_\_\_\_

E. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? YES \_\_\_\_ NO \_\_\_\_

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

## 7. PROFESSIONAL LICENSES/REGISTRATION

List any professional licenses/registration you hold or held in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/registration was issued along with the license number. **Official letter of standing from each state listed must accompany this application.**

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## 8. CERTIFICATION STATUS

Complete applicable certification information below. **Attach copies of current certification(s) with application.**

A. Nationally Certified School Psychologist (NCSP) by the National Association of School Psychologists? \_\_\_\_Yes \_\_\_\_No If Yes, Certification No. \_\_\_\_\_

B. (1) Certification as School Psychologist by the Massachusetts Dept. of Education? \_\_\_\_Yes \_\_\_\_No  
If Yes, Certificate No. \_\_\_\_\_ or,

(2) Certification as School Psychologist by another state? \_\_\_\_Yes \_\_\_\_No  
If Yes, State \_\_\_\_\_ Certificate No. \_\_\_\_\_

## 9. EXAMINATION

National School Psychologist Examination

Date Taken \_\_\_\_\_

**NOTE: Official examination scores must be sent to the Board by Educational Testing Services (ETS).**

#### 10. POST-MASTER'S DEGREE EXPERIENCE

Applicants must document two (2) years full-time, or equivalent part-time, post-master's degree experience in school psychological services supervised by an approved supervisor. Provide attached Statement of Supervised Experience Form to approved supervisor to document required experience.

Name and Address of Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Experience in School Psychological Services: From \_\_\_\_\_ To \_\_\_\_\_

FULL TIME: From \_\_\_\_\_ To \_\_\_\_\_ PART TIME: From \_\_\_\_\_ To \_\_\_\_\_

No. of Days per Week: \_\_\_\_\_ Total No. of Days: \_\_\_\_\_

NOTE: Attach additional information in this format as necessary to document required hours.

11. Pursuant to M.G.L., Chapter 62C, S. 49A, I have filed all state tax returns and paid all state taxes required under law. \_\_\_\_ Yes \_\_\_\_ No. If No, please explain. \_\_\_\_\_

12. Pursuant M.G.L., Chapter 119, S. 51A and M.G.L., Chapter 112, S. 1A, my signature to this application is my certification I understand my obligation to report the abuse or neglect of children.

#### 13. AFFIDAVIT

I certify, that I agree to abide by the M.G.L., Chapter 112 and the Rules and Regulations for the licensing as an Educational Psychologist as contained in 262 CMR and attest that all statements made herein are truthful and are made under the pains and penalties of perjury.

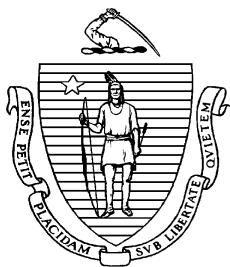
**Sign in the presence of a Notary Public.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires On



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**STATEMENT OF SUPERVISED CLINICAL EXPERIENCE**  
**(To be completed by Approved Supervisor)**

**Applicant:** Duplicate this form as necessary to document two years of POST MASTER'S DEGREE experience in School Psychological Services under APPROVED SUPERVISION, and submit it with your application.

**See following page for the definition of Approved Supervisor. PLEASE PRINT CLEARLY OR TYPE.**

1. Name of Applicant

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2(a) Name/Address of Employing  
Facility/System

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(b) Name/Address of Facility where Applicant Completed Experience

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3. Applicant's Post-Master's Degree Experience in School Psychological Services

(a) FULL-TIME Employment From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Years of Applicant's Full-Time Employment \_\_\_\_\_  
(Minimum 2 years required)

(b) PART-TIME Employment From \_\_\_\_\_ To \_\_\_\_\_

Number of Days per Week \_\_\_\_\_ Number of Weeks \_\_\_\_\_

Total Number of Days \_\_\_\_\_  
(Combined total days from all part-time employment must meet the minimum of 360 days.)

4. Total Number of Supervision Hours

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(30 Supervision Contact Hours required per year/ Total of 60 contact hours required)

5. Applicant's Title and Description of Applicant's Duties

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**Approved Supervisor Qualification:** Please provide all information below applicable to your qualifications and experience.

6(a) Are you licensed or eligible to be licensed as an Educational Psychologist by the Massachusetts Board of Allied Mental Health and Human Services Professions?

\_\_\_\_\_No \_\_\_\_\_Yes

If Yes, License Number \_\_\_\_\_ License Status \_\_\_\_\_

**If no, please provide transcript of graduate training and Praxis II School Psychology Examination score**

(b) Are you a Nationally Certified School Psychologist? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, NCSP Certificate Number \_\_\_\_\_

(c) Do you hold a Dept. of Education License or Certification as a School Psychologist?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, Certification Number \_\_\_\_\_

(d) Provide dates of your Post Master's Degree Experience in School Psychological Services.

From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Years Experience \_\_\_\_\_

(Minimum 5 years experience required)

I, the undersigned state, under the pains and penalties of perjury, that the above statements are true.

Signature of Approved Supervisor

\_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

# **Educational Psychologist Application Check list:**

**(PLEASE SUBMIT THIS WITH YOUR APPLICATION)**

## **MANDATORY**

My social security number is: --

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

**Please be sure you have provided:**

☐ **Completed notarized application w/ photo**

☐ **Check/Money Order for \$102, payable to the “Commonwealth of Massachusetts”**

**(personal check or money order only)**

☐ **Official, sealed Transcript(s) (Non-Baccalaureate degrees only).**

☐ **Verification of supervised practicum from Academic Program Director.**

☐ **Copy of current certification from Department of Education or other acceptable entity.**

☐ **If currently or previously licensed in another State, official letter of verification from that State in sealed envelope**

## **Additional information for Applicants and Supervisors:**

The definitions listed below may help you determine if you are eligible for licensure as an Educational Psychologist. If you have further questions, please contact the Board Administrator at (617) 727-3080.

**RELEVANT MASTERS DEGREE OR CAGS** are degrees/diplomas from national or state accredited institutions of higher education which lead to national or state certification as a School Psychologist. Such programs must consist of a minimum of 60 graduate credit hours of coursework plus completion of a minimum of 1200 clock hours of supervised practicum or internship experience, at least 600 hours of which must be in a school setting. **Verification of supervised practicum must be submitted from Academic Program Director.**

**AN APPROVED SUPERVISOR** is a person licensed or eligible for licensure as an Educational Psychologist by the Massachusetts Board of Allied Mental Health and Human Services Professions and has a minimum of five full-time academic years, or equivalent part-time experience as a school psychologist licensed or certified by a state department of education.

**SCHOOL PSYCHOLOGICAL SERVICES** is the rendering of professional services to individual groups, organizations, or the public for compensation, monetary or otherwise.

Such professional services include: applying psychological principles, methods, and procedures in the delivery of services to individuals, groups, families, educational institutions and staff and community agencies for the purpose of promoting mental health and facilitating learning. Such services may be preventative, developmental, or remedial and include psychological and psychoeducational assessment, therapeutic intervention, program planning and evaluation, research, teaching in the field of educational psychology, consultation and referral to other psychiatric, psychological, medical and educational resources when necessary.

Two (2) years supervised experience and employment as a school psychologist is required. Employment in private practice is not acceptable.

All applicants must take and pass the National School Psychology Examination (ETS/NTE Test #40). For more information regarding the examination, contact Educational Testing Service, PO Box 6051, Princeton, NJ 08541 (609) 771-7395. The Reporting Code for the Board is R7417.

**Important Note:** Official transcripts of all coursework and practicum completion are required. The number of clock hours of supervised experience must be documented by the Director or University Supervisor which offered the Practicum course.